## 

Fill	in this information to identify	your case:							
Del	otor 1 Wilfred	do Sanchez							
	otor 2 use, if filing)								
Uni	ted States Bankruptcy Court	for the: DISTRICT OF NEBR	RASKA						
Cas	se number 19-80922				Che	ck if this is:			
(If kr	nown)		_				☐ An amended filing		
_							ent showing postpetition chapter as of the following date:		
O.	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your	Income					12/15		
	t 1: Describe Employ Fill in your employment				d case r	`	known). Answer every question		
	information.		Debto	Debtor 1			Debtor 2 or non-filing spouse		
	If you have more than one job, attach a separate page with information about additional employers.		■ Employed			■ Employed			
			☐ Not	☐ Not employed			☐ Not employed		
		Occupation	Painter						
	Include part-time, seasona self-employed work.	l, or <b>Employer's name</b>	Diam	ond Touch Painting		Diamon	d Touch Painting		
	Occupation may include st or homemaker, if it applies			South 22nd Street na, NE 68107					
		How long employed	there?	1 Year		_			
Par	t 2: Give Details Abo	ut Monthly Income							
	mate monthly income as o	f the date you file this form. If	you have	nothing to report for any	line, wri	te \$0 in the	space. Include your non-filing		
	u or your non-filing spouse he space, attach a separate sl		combine th	e information for all emp	loyers fo	r that perso	n on the lines below. If you need		
					For De	ebtor 1	For Debtor 2 or non-filing spouse		
2.		s, salary, and commissions (l			;	3,404.76	\$ 2,322.16		

Official Form 106l Schedule I: Your Income page 1

3.

0.00

3,404.76

+\$

0.00

2,322.16

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

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Debt	or 1	Wilfredo Sanchez	_	C	Case number (if know	vn)	19-80922		
					For Dobton 4		For Debtor 2 or		
					For Debtor 1		non-filing		
	Con	y line 4 here	4.		\$ 3,404.7	76		2.322.16	-
	Jop	,	•		0,404.1	_	<u> </u>	L,022.10	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 628.9	12	\$	360.20	
	5b.	Mandatory contributions for retirement plans	5b		\$ 0.0		\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c		\$ 0.0		\$	0.00	_
	5d.	Required repayments of retirement fund loans	5d		\$ 0.0		\$	0.00	_
	5e.	Insurance	5e		\$ 0.0	00	\$	0.00	_
	5f.	Domestic support obligations	5f.		\$ 0.0	00	\$	0.00	_
	5g.	Union dues	5g		\$ 0.0	00	\$	0.00	<del>_</del> ,
	5h.	Other deductions. Specify:	5h	.+	\$ 0.0	00 -	+ \$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 628.9	92	\$	360.20	_
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 2,775.8	34	\$	1,961.96	<b>_</b> .
8.	List	all other income regularly received:							
	8a.	Net income from rental property and from operating a business,							
		profession, or farm Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a		\$ 0.0	00	\$	0.00	
	8b.	Interest and dividends	8b		\$ 0.0	00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent							
		regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$ 0.0	nn	\$	0.00	
	8d.	Unemployment compensation	8d		\$ 0.0		\$	0.00	_
	8e.	Social Security	8e		\$ 0.0		\$	0.00	_
	8f.	Other government assistance that you regularly receive				_			_
		Include cash assistance and the value (if known) of any non-cash assistance	)						
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$ 0.0	10	\$	0.00	
	8g.	Pension or retirement income	_ 8g		\$ 0.0		\$	0.00	_
	8h.	Other monthly income. Specify:	8h		\$ 0.0		+ \$	0.00	_
			_	_			_		-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.0	00	\$	0.0	0
			_			=			
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	2,775.84 +	\$	1,961.96	<b>5</b> = \$	4,737.80
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť-	2,770.04	-	1,001100	<u> </u>	4,707.00
11		e all other regular contributions to the expenses that you list in Schedule	. , _						
11.		ude contributions from an unmarried partner, members of your household, your		ende	ents, your roomm	ates	, and		
		er friends or relatives.			,,,,		,		
		not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pay expenses	liste			
	Spe	city:					11	. +\$	0.00
12	<b>Δ તા</b> ત	the amount in the last column of line 10 to the amount in line 11. The res	ult in	tha	combined month	dv in	ocomo		
12.		e that amount on the Summary of Schedules and Statistical Summary of Certai							
	appl						12	. \$	4,737.80
								Combi	ned
									ly income
13.	Do y	you expect an increase or decrease within the year after you file this form	?						-
		No.							
	П	Ves Explain:							

Official Form 106l Schedule I: Your Income page 2

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E.II	dan and the same of the same				1		
Fill in this in	nformation to identify y	our case:					
Debtor 1	Wilfredo Sa	nchez				ck if this is:	
Debtor 2						An amended filing  A supplement show	ving postpetition chapter
(Spouse, if fil	ing)					13 expenses as of t	01 1
United States	s Bankruptcy Court for the	e: DISTRICT OF N	IEBRASKA			MM / DD / YYYY	
Case numbe	r <b>19-80922</b>						
(If known)							
Officia	l Form 106J				•		
	lule J: Your	Fynenses					12/1
Be as com information	plete and accurate and if more space is no known). Answer eve	s possible. If two needed, attach anot					r supplying correct
	Describe Your House a joint case?	ehold					
_	-						
	. Go to line 2. s. <b>Does Debtor 2 live</b>	in a separate hous	sehold?				
	□ No	и обранию пои					
	☐ Yes. Debtor 2 mu	st file Official Form	106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.	
2. <b>Do yo</b>	u have dependents?	□ No					
•	t list Debtor 1 and	■ Yes Fill out t	his information for pendent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
Do no	t state the						□ No
	dents names.			Wife			Yes
							□ No
				Son			■ Yes
				Mother			□ No ■ Yes
							■ res □ No
				Daughter		12	■ Yes
expen	ur expenses include ses of people other t elf and your depende	than					
	Estimate Your Ongo						
	as of a date after the						pter 13 case to report f the form and fill in the
	penses paid for with of such assistance ar						
(Official Fo	orm 106l.)					Your expe	enses
	ental or home owners ents and any rent for th		your residence. I	nclude first mortgag	e 4. :	\$	738.00
If not	included in line 4:						
40	Real estate taxes				4a. S	<b>‡</b>	0.00
	Property, homeowner	's. or renter's insura	nce		4a. 3 4b. 3	·	0.00 0.00
	Home maintenance, re				4c.	:	0.00
	Homeowner's associa				4d.	\$	0.00
5 Additi	onal mortgage navm	ionts for voils secie	IDDCD CHON OC NO.	ma adulity laans	h '	*	36F UU

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Deb	tor 1	Wilfredo	Sanchez	Case numl	oer (if known)	19-80922
6.	Utilit	ies:				
	6a.	Electricity,	heat, natural gas	6a.	\$	100.00
	6b.	Water, sev	ver, garbage collection	6b.	\$	75.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	80.00
	6d.	Other. Spe	ecify:	6d.	\$	0.00
7.	Food	and house	ekeeping supplies	7.	\$	1,200.00
В.	Child	dcare and c	hildren's education costs	8.	\$	0.00
9.	Cloth	hing, laund	ry, and dry cleaning	9.	\$	100.00
10.	Pers	onal care p	roducts and services	10.	\$	100.00
11.	Medi	ical and de	ntal expenses	11.	\$	100.00
			Include gas, maintenance, bus or train fare.		· —	
	Do no	ot include ca	ar payments.	12.	\$	300.00
3.	Ente	rtainment,	clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
4.	Char	itable cont	ributions and religious donations	14.	\$	200.00
5.	Insur	rance.			_	
	Do no	ot include in	surance deducted from your pay or included in lines 4 or	20.		
	15a.	Life insura	nce	15a.	· .	0.00
	15b.	Health ins	urance	15b.	·	0.00
	15c.	Vehicle ins	surance	15c.	\$	185.00
	15d.	Other insu	rance. Specify:	15d.	\$	0.00
6.			clude taxes deducted from your pay or included in lines 4	or 20.		
	Spec	•		16.	\$	0.00
7.			ease payments:		•	
			ents for Vehicle 1	17a.	•	0.00
			ents for Vehicle 2	17b.	·	0.00
		Other. Spe	-	17c.	\$	0.00
		Other. Spe		17d.	\$	0.00
8.	Your	payments	of alimony, maintenance, and support that you did no	ot report as	\$	0.00
^			your pay on line 5, <i>Schedule I, Your Income</i> (Official F s you make to support others who do not live with you	oiiii 100i <i>j</i> .	\$	0.00
ð.	Spec		s you make to support others who do not live with you	19.	Ψ	0.00
0	•	,	erty expenses not included in lines 4 or 5 of this form		ur Income	
υ.			s on other property	20a.		0.00
		Real estat		20b.	·	0.00
			nomeowner's, or renter's insurance	20c.	·	0.00
			nce, repair, and upkeep expenses	20d.	·	0.00
			er's association or condominium dues	20d. 20e.	·	
4					·	0.00
1.	Otne	r: Specify:	Pet	21.	+\$	50.00
2.	Calc	ulate your i	monthly expenses			
	22a.	Add lines 4	through 21.		\$	3,593.00
	22b.	Copy line 22	2 (monthly expenses for Debtor 2), if any, from Official Fo	rm 106J-2	\$	<u> </u>
			a and 22b. The result is your monthly expenses.		\$	3,593.00
			, , ,		<u> </u>	
3.		•	monthly net income.			
			12 (your combined monthly income) from Schedule I.	23a.	·	4,737.80
	23b.	Copy your	monthly expenses from line 22c above.	23b.	-\$	3,593.00
	220	Quhtro at	our monthly avanages from your monthly income			
	∠3C.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	1,144.80
24.			an increase or decrease in your expenses within the y			
	modifi	ication to the	ou expect to finish paying for your car loan within the year or do you terms of your mortgage?	u expect your mortgage p	ayment to incre	ease or decrease because of a
	■ No					
	☐ Ye	es.	Explain here:			